



Honeywell's Docket No. 30-5010 (4962)  
Practitioner's Docket No. 52-001-004

4!

REC'D  
TC 1700  
AUG 04 2003  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: IWAMOTO, Nancy  
Application No.: 09/543,628. Group No.: 1712  
Filed: 04/05/2000 Examiner: M. Freely  
For: NOVEL POLYMER/SUBSTRATE AND POLYMER/POLYMER INTERFACES AND  
METHODS OF MODELING AND FORMING SAME

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is other than a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4))  
for two months:

Fee: \$400.00

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

\* deposited with the United States Postal Service  
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transmitted by facsimile to the Patent and  
Trademark Office.

Sandra P. Thompson, PhD

Date: July 28, 2003

(Amendment Transmittal--page 1 of 2)

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01 FC:1252 410.00 DA

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	16	Minus	20	= 0	x \$18 = \$0
Indep.	2	Minus	3	= 0	x \$84 = \$0
First Presentation of Multiple Dependent Claim			+ \$280 =	\$0	
			Total Addit. Fee	\$0	

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

### FEE PAYMENT

5. Please charge Account No. 502518 for the Fee Payment for this Amendment.

### FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 502518.  
If any additional fee for claims is required, charge Account No. 502518.

Date: July 28, 2003



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